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Application Number	09/788,614
Filing Date	February 21, 2001
First Named Inventor	Fabio Gozzi
Art Unit	
Examiner Name	
Attorney Docket Number	3129-6460US

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	x			
Name	Fabio Gozzi			
Date	x	05.03.07	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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